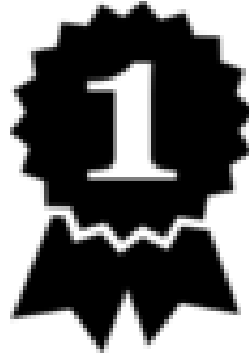


Kaiser MAPG Diabetes Management

Jaye Noel, MD

Recognized as National Leaders in Quality

Kaiser Permanente of the Mid-Atlantic States ranked #1 in the country on five HEDIS® (the Healthcare Effectiveness Data and Information Set) measures of clinical excellence:



- Breast Cancer Screening
- Comprehensive Diabetes Care - Eye Exams
- Comprehensive Diabetes Care - Medical Attention for Nephropathy
 - Childhood Immunization Status - Combo 4
 - Childhood Immunization Status - Hepatitis A

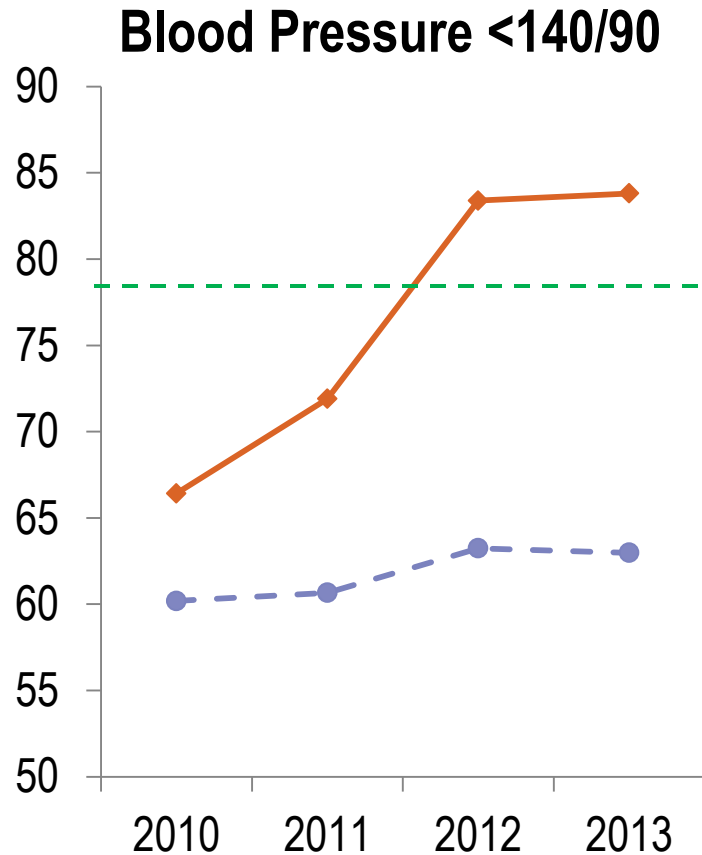
Source: The source for data contained in this publication is Quality Compass® 2010-2013 Commercial data and is used with the permission of the Committee for Quality Assurance (NCQA). Quality Compass 2010-2013 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Population

- **500,000 members**
- Diabetic patients: **46,451** regionwide
- 3 Regions
 - Baltimore: 6,232
 - **DC and Suburban Maryland (DCSM): 24,751**
 - Virginia: 15,115

Comprehensive Diabetes Care

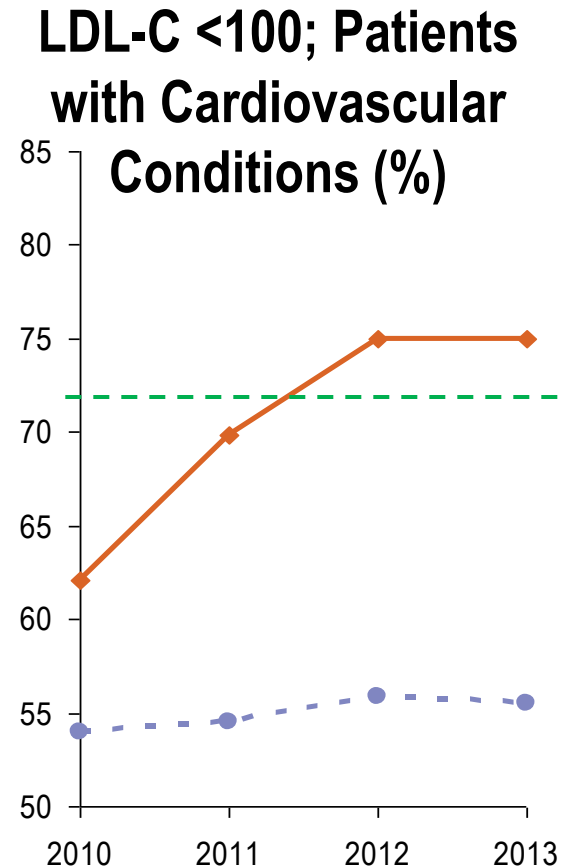
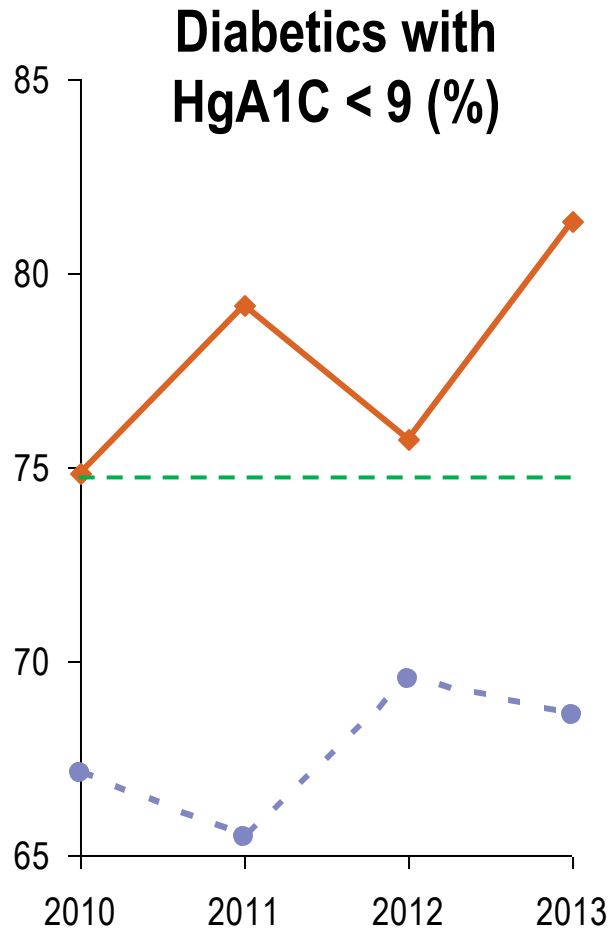
- Kaiser Foundation Health Plan of the Mid-Atlantic States
- All Plan/All Line of Business National Average
- 2013 Rate of 2nd highest commercially available local competitor



NOTE: The source for data contained in this publication is Quality Compass® 2010-2013 Commercial data and is used with the permission of the Committee for Quality Assurance (NCQA). Quality Compass 2010-2013 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Chronic Conditions

- ◆ Kaiser Foundation Health Plan of the Mid-Atlantic States
- All Plan/All Line of Business National Average
- - - 2013 Rate of 2nd highest commercially available local competitor



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Program Components

- Clinical practice guidelines (evidence-based medicine)
- Registry and risk stratification
- Proactive, coordinated care
- Inreach and outreach
- Physician and staff communication
- Performance measurement (reporting and analysis)
- Co-morbidity management
- Patient education and self-management training
- Patient satisfaction
- Process improvement

Clinical Practice Guidelines: Diabetes Care

Adult Diabetes

NATIONAL GUIDELINE SUMMARY

This evidence-based guideline summary is based on the 2012 National Diabetes Guideline. A 2014 review of these recommendations found them to be current. This guideline was developed by the KP National Diabetes Guideline Development Team (GDT) to assist primary care physicians and other health care professionals in the treatment of Diabetes in adults.



KAISER PERMANENTE.

Prevention of Diabetes

Intervention to Delay the Onset of Type 2 Diabetes

For patients with impaired glucose tolerance (IGT) or impaired fasting glucose (IFG),^a the GDT strongly recommends that first-line therapy include methods to promote healthy eating and to increase physical activity, which are targeted to achieve a sustained weight loss (5 to 7%), and delay the onset of diabetes.

Lifestyle interventions alone or in combination with metformin are effective in delaying the onset of type 2 diabetes in people with pre-diabetes.

Evidence-based: A - (Intervention to Delay Onset of Type 2 Diabetes)

Evidence-based: A - (Definition of Impaired Glucose Tolerance)

Consensus-based - (Definition of Impaired Fasting Glucose)

Postpartum Screening for Diabetes in Women with a History of Gestational Diabetes Mellitus (GDM)

Screening for diabetes six weeks after delivery is recommended for women with gestational diabetes. *Consensus-based*

Postpartum Follow-Up of GDM

Information/education about the increased risk of developing type 2 diabetes following gestational diabetes is recommended for women with gestational diabetes. *Consensus-based*

For women with recent gestational diabetes, long-term postpartum follow-up, including advice on diet, exercise and behavior modification, is recommended to prevent future progression to type 2 diabetes. *Consensus-based*

^a Included studies defined impaired glucose tolerance as a glucose level of 140 to 199 post 75 g glucose load. The ADA defines impaired fasting glucose as FPG levels ≥ 100 mg/dl (5.6 mmol/L) but > 126 mg/dl (7.0 mmol/L).

Screening

Screening for Type 2 Diabetes

Screening is recommended for asymptomatic adults with sustained blood pressure $> 135/80$ mmHg (either treated or untreated) to establish an appropriate blood glucose target. *Evidence-based: B*

Screening is an option for all other adults with risk factors for diabetes.

- Age 45 years or older
- Under age 45 and overweight (BMI ≥ 25 kg/m², may be lower in some ethnic groups) with additional risk factors:
- physical inactivity,
- first-degree relative with diabetes,
- members of a high-risk ethnic population (e.g., Black/African American, Latino, Native American, Asian American, Pacific Islander),
- women who delivered a baby weighing > 9 lb or were diagnosed with GDM,
- hypertension ($\geq 140/90$ mmHg or on therapy for hypertension),
- HDL cholesterol level < 35 mg/dl (0.90 mmol/L) and/or a triglyceride level > 250 mg/dl (2.82 mmol/L),
- women with polycystic ovarian syndrome (PCOS),
- A1C $\geq 5.7\%$, IGT or IFG on previous testing,
- other clinical conditions associated with insulin resistance (e.g., severe obesity [defined as BMI ≥ 40], acanthosis nigricans), and/or
 - history of cardiovascular disease

Consensus-based

In the absence of sufficient evidence to recommend an optimal screening frequency, regions are encouraged to set appropriate screening intervals. *Consensus-based*

Diabetes Management

- Stepwise approach
 - Monotherapy (metformin)
 - Titrate to Dual therapy (within 2 -3 mo)
 - Titrate to Triple therapy (within 2 -3 mo)
 - **Insulin**

Algorithm: Reducing Cardiovascular Risk



Repaired AAA Symptomatic
AAA CAD PAD

CVA/TIA Ischemic, Embolic

DM ASA: HTN/Smoking: M ≥ 50 yrs, F ≥ 60 yrs,
ACEI: ≥ 55 yrs or microalbuminuria

PHASE MEDICATIONS & CAUTIONS
INDEPENDENT of BP control or Statin Use

ASA
ASA 81mg daily

CAUTION/INFO If ASA intolerant:
Clopidogrel: CAD, Sx PAD
Warfarin: Embolic CVA/TIA

ACEI
Lisinopril 10mg daily

CAUTION/INFO Verify effective contraception in women of childbearing potential: Use Chlorthalidone or HCTZ.
Use ACEI with caution: eGFR <30, K >5.5
ARB may be inappropriate: Hx of Angioedema, renal failure or hyperkalemia on ACEI.

ACEI+Thiazide: HX ISCHEMIC & EMBOLIC CVA
HX INTRACRANIAL HEMORRHAGE
Lisinopril - HCTZ 10-12.5mg daily

STATIN
• Clinical ASCVD³ Age < 75 + any LDL
Atorvastatin 40-80mg daily
• Clinical ASCVD Age ≥ 75 + any LDL
Simvastatin OR 20-40mg daily
Atorvastatin 10-20mg daily

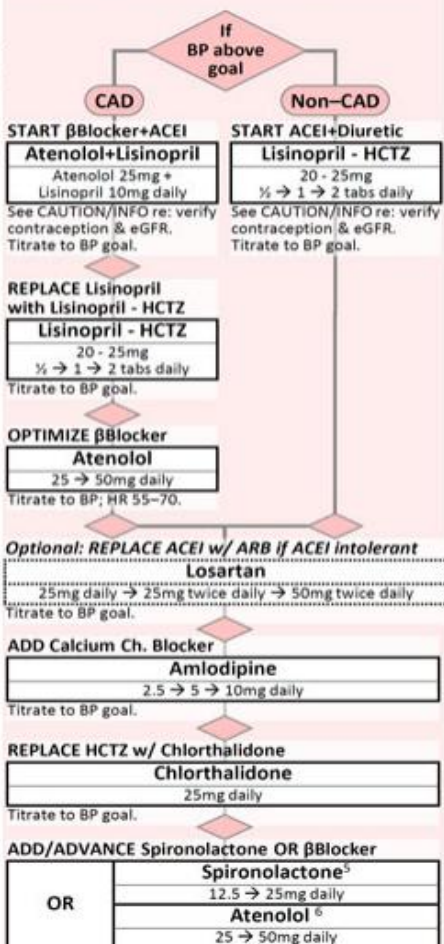
CAUTION/INFO Verify effective contraception in women of childbearing potential.

BETA BLOCKER — FOR CAD/Sx PAD/AAA
Atenolol 25mg daily

CAUTION/INFO Use with caution: HR <55, asthma, hypotension.
HF or LVEF <40%: Use 1) Carvedilol or 2) Bisoprolol.
eGFR <30: Use Metoprolol ER.

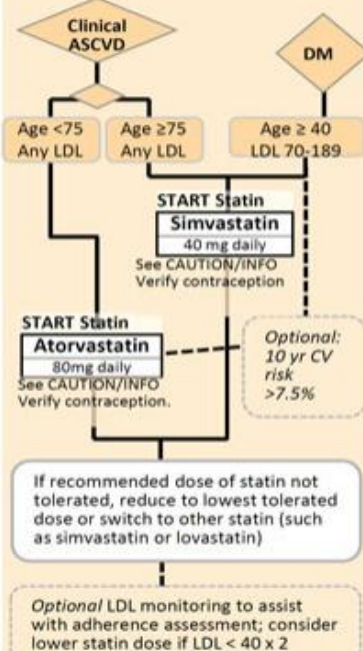
¹ BP algorithm applies to eGFR ≥ 30 and LVEF ≥ 40%.
² CKD: Microalbuminuria or [(age/2) + eGFR] < 85

BP Goals¹
≤ 139/89: < 60 yrs and/or DM, and/or CKD²:
≤ 149/89: ≥ 60 yrs, no DM, no CKD/microalb.



Statin Goals

Atorvastatin 40-80 mg:
• Clinical ASCVD³ Age < 75 + any LDL
Simva 20-40 mg or Atorva 10-20 mg:
• Clinical ASCVD Age ≥ 75 + any LDL
• DM: Age ≥ 40 + LDL 70-189



³Clinical ASCVD (atherosclerotic cardiovascular disease): CAD, TIA/CVA, Symptomatic PAD, Repaired AAA

⁴ Individualize A1c goal based on Risk of hypoglycemia, Duration of DM, Life expectancy, Comorbidities, Vascular complications, member resources, and support system.

⁵If on thiazide AND eGFR ≥ 60 AND K < 4.5

⁶Titrate to BP; HR 55-70.

Adapted from KPNC CPG for: CAD, DM, Cholesterol, HTN, HF and Stroke

Complete guidelines can be found in the Clinical Library at <http://cl.kp.org>

Contact: Nora Kurose, Consultant, Regional Health Education.

Design: Vince Rowell, Quality and Operations Support

A1c Goals

Rev. 20.17 (04/14)

≤ 7.9%: > 65 yrs or clinical factors⁴
≤ 6.9%: < 65 yrs w/o clinical factors



³Clinical ASCVD (atherosclerotic cardiovascular disease): CAD, TIA/CVA, Symptomatic PAD, Repaired AAA

⁴ Individualize A1c goal based on Risk of hypoglycemia, Duration of DM, Life expectancy, Comorbidities, Vascular complications, member resources, and support system.

⁵If on thiazide AND eGFR ≥ 60 AND K < 4.5

⁶Titrate to BP; HR 55-70.

Adapted from KPNC CPG for: CAD, DM, Cholesterol, HTN, HF and Stroke

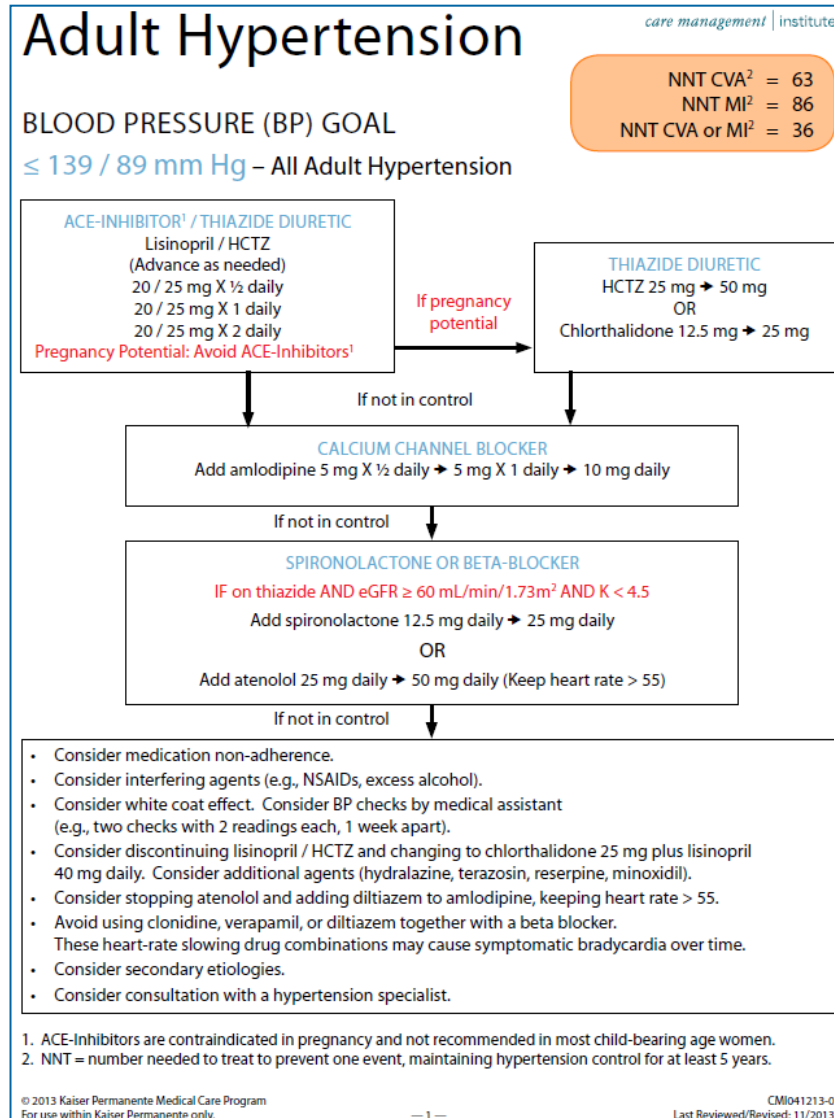
Complete guidelines can be found in the Clinical Library at <http://cl.kp.org>





Contact: Nora Kurose, Consultant, Regional Health Education.

Design: Vince Rowell, Quality and Operations Support

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Algorithms Support Evidence-based Care



Class	Medication	% A1C reduction	Formulary Status
Biguanide	Metformin	 - 2	YES
Sulfonylurea	Glipizide	 -2	YES
Thiazolidinediones	Pioglitazone	 -1.4	YES
Alpha-glucosidase-I	Acarbose (Precose)	-0.8	YES
Insulin	All types	 -3.5	YES
Metiglinides	Repaglinide (Prandin) Nateglinide (Starlix)	-0.8	No
GLP-1 Agonists	Xenatide (Byetta) Liraglutide (Victoza)	-1	No
DDP-4 Inhibitors	Sita-, Saxa-, linagliptin (Tradjenta*)	-0.8	No
Bile Acid Sequestrants	Colesevelam (Welchol)	-1.4	No
SGLT2 inhibitor	Canagliflozin (Invokana)	-1.2	No

Insulin order sets

Hyperspace - ENDOCRIN GAITBRG - Production - HCPRDMMAM PRDMMAM

Home Sch Inbskt Chart Enc Tel Enc Refill Enc Msg Enc Pt Sec Msg Pt Rmnd eConsult Queues Support Patient Lists Open Ord Hosp Enc Ord Only In Basket Class Library Triage

Healthconnect, Alice

Age: 65 yr ... PCP: (R.N.), Unspecified.M... Allergies Iodine (bp Dy... Alert None HM None Prim. Cvg: U.S. DEPT... Spec Feat No kp.org: Inactive IB Msg: None Curr Meds: There are too many ... Prob List: HIV INFECTION, ASYMP...

MRN: 571288884 Sex: Female Prim. Loc: NORTHWEST DC...

Place orders (Enc Date: 6/6/2014) - Wt: (Not entered for this visit) Ht: 5' 6" (1.676 m)

Association Pref List Interactions Pharmacy Providers CC Results Order Review End Orders Sign Orders Sign/Nav Sign/Fill Now Edit Prf Lst Current Rx Tip Sht Calculator Patient Instructions

New order: Search

New order defaults: Not using defaults

CHOOSING INSULIN NEEDLES:

- shorter / thinner needle (31 x 5/16") is better tolerated
- recommend standard (30 x 1/2") for morbidly obese patients

☐ HUMULIN NPH 100 UNIT/ML (prescribe even number dose units when using the 1 ml syringe)

☐ HUMULIN REGULAR 100 UNIT/ML

☐ HUMULIN 70/30 100 UNIT/ML (prescribe even number dose units when using the 1ml syringe)

☐ LANTUS 100 UNIT/ML (non-preferred)

☐ HUMALOG 100 UNIT/ML (non-preferred)

☐ BD INSULIN SYRINGE ULT-FINE 0.3 ML 31 X 5/16" (< 25 units/ short needle)
use as directed, Disp-100, R-6

☐ BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 X 1/2" (< 25 units/ standard needle)
Use as directed, Disp-100, R-6

☐ BD INSULIN SYRINGE ULT-FINE 1/2 ML 31 X 5/16" (< 45 units /short needle)
Use as directed, Disp-100, R-6

☐ BD INSULIN SYRINGE ULTRA-FINE 1/2 ML 30 X 1/2" (< 45 units standard needle)
Use as directed, Disp-100, R-6

☐ BD INSULIN SYRINGE ULT-FINE 1 ML 31 X 5/16" (> 45 units / short needle)
Use as directed, Disp-100, R-6

☐ BD INSULIN SYRINGE ULTRA-FINE 1 ML 30 X 1/2" (> 45 units /standard needle)
Use as directed, Disp-100, R-6

☐ ONE TOUCH DELICA LANCETS
use as directed, Disp-100, R-3

☐ ONE TOUCH DELICA LANCETS
use as directed, Disp-100, R-3

Diagnoses Associate Associate All

Add Diagnosis

Diagnosis Code

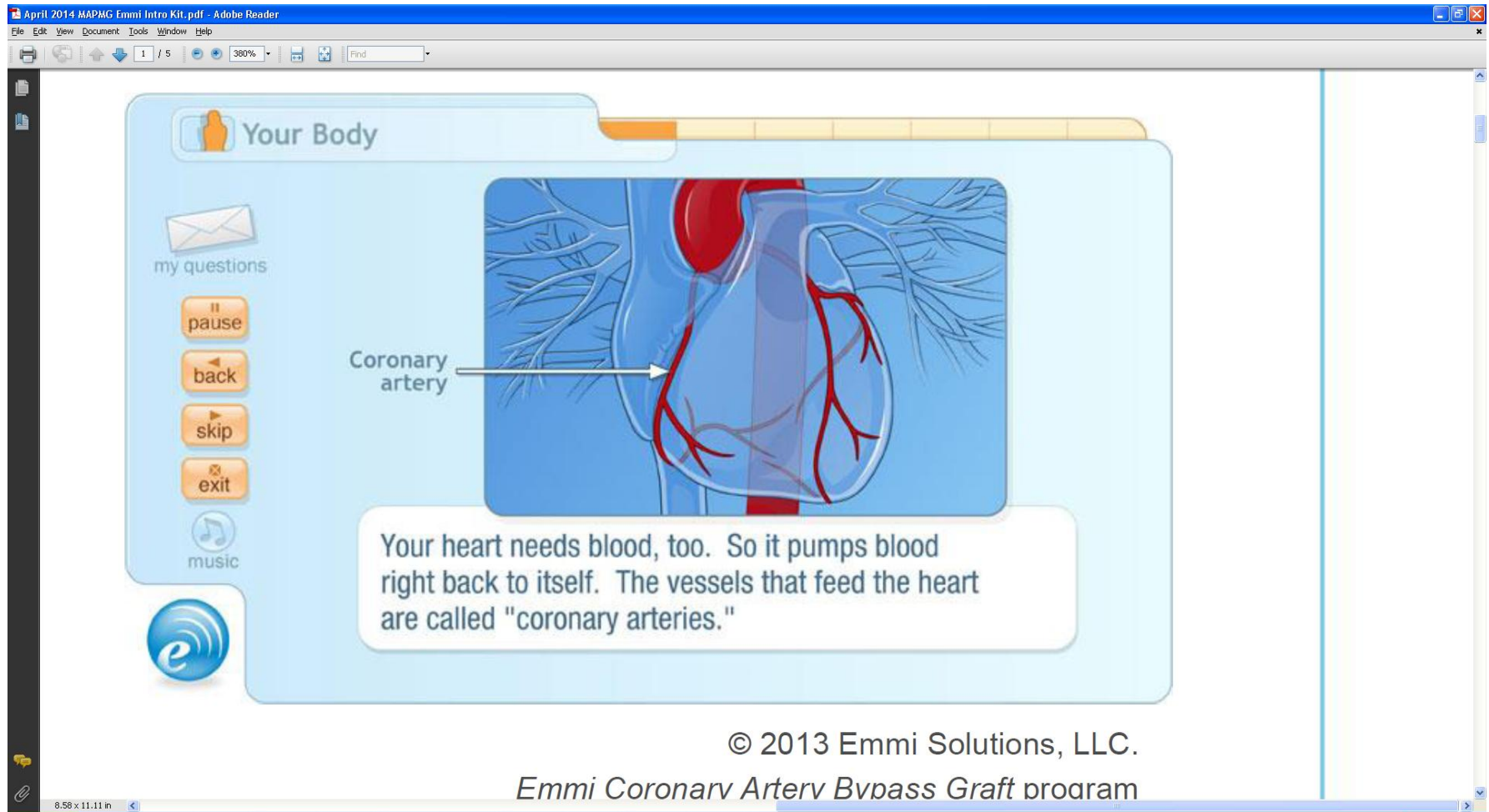
No encounter diagnoses present.

New Problem

Link Problem Code

DO NOT RESUSCITATE STATUS W SUPPORTING DOCUMENTATION	V49.86
DEPRESSION, UNSPECIFIED	311
HIV INFECTION, ASYMPTOMATIC	V08
MAJOR DEPRESSION, RECURRENT, IN REMISSION	296.35
PANIC DISORDER	300.01

Other electronic tools: EMMI



© 2013 Emmi Solutions, LLC.

Emmi Coronary Artery Bypass Graft program

Diabetes Inreach

- Clinic Assistants
- Clinic nurses
- CDEs
- Health Coaches
- Primary care doctor
- Endocrinologists
- **Every single specialty**

Proactive Approach

Harness the power of technology and processes before, during and after encounters to promote preventive care and manage chronic conditions. The proactive approach:

- Activates all members of the health care team
- Embeds processes into standard workflows
- Uses information technology tools

Pre-Encounter	Office-Encounter	Post-Encounter
Proactive Identification <ul style="list-style-type: none">• Identify missing labs, screening procedures, etc.• Member instructions• Contact member and document encounter	Office Encounter Management <ul style="list-style-type: none">• Vital sign collection• Alerts for provider• Room and prepare patient• Pre-encounter follow-up Proactive Office Support <ul style="list-style-type: none">• Phone calls• Letters• E-mail• Inbox management	Immediate <ul style="list-style-type: none">• After visit summary and instructions, follow-ups, materials Future <ul style="list-style-type: none">• Follow-up contact and appointments

Specialty Proactive Care

- Arrange Mammogram
- Arrange Pap
- Assess need for FOBT for Colorectal Cancer Screening
- High CVD risk: lipid panel due
- Diabetes: hemoglobin A1c due
- Patient Current Smoker: Advise to Quit
- History of Uncontrolled Hypertension: Verify Dx and treat to goal

Example of work flow

■ History of Uncontrolled Hypertension

- No action within the Proactive Care SmartSet, but check blood pressure
- If $> 139/89$, wait 2-3 minutes and take a repeat blood pressure
- If repeat blood pressure $> 139/89$, follow hypertension workflow
- If repeat blood pressure $\leq 139/89$, no further action around blood pressure

■ High CVD risk: lipid panel due

- Select “LDL Direct” and cc the PCP
- Direct member to the lab before they leave the office that day.

■ Diabetes: hemoglobin A1c due

- Select “Hemoglobin A1c” and cc the PCP
- Direct member to the lab before they leave the office that day.

Leveraging the EMR

Alerts are built into the EMR to call attention to a needed action

OFFICE VISIT	Reason for Visit
	None
Intro	Vitals
Reason for Visit	New Set of Vitals
Vitals	2/21/14 3:24 PM
Rooming Tools	BP 175/85
Supplemental Vital	Pulse
Care Teams	

Vitals	Blood pressure exceeds 139/89. Patient has diabetes. Consider adjusting medications.
Rooming Tools	
Supplemental Vital	
Care Teams	
BestPractice	Acknowledge reason: <input type="text"/>
Patient Level Data	<input type="button" value="No tx change indicated today"/>
	<input checked="" type="checkbox"/> Open SmartSet: BP Control Meds preview

Hyperspace - ENDOCRIN GAITBRG - Production - HCPRDMMAM PRODMMAM

Alert: None, HM: None, Prim. Cvg: MAS KP..., Spec Feat: No, kp.org: Active, Curr Meds: Insulin Glargine (LAN..., Prob List: HYPERTRIGLYCERIDEM...

Images, Questionnaires, Summary, Admin, Benefits Inquiry, Scans, Dictations, Order Review, PrintAUS, AWS, Pt Info, Apts, Photo Upload, Wristband Reprint, Patient Instructions, Pt Calendar

Snapshot: Allergies: No Known Allergies Reviewed on 5/6/2014: Mark as Reviewed
Last Vitals: BP: 143/79 P: 86 T: T Src: Resp: 19 W: 232 lb (105.235 kg) H: 5' 5.5" (1.664 m)
BMI: 38.01 kg/m², BSA: 2.21 m² Enc No: 182911896 Insurance LOB: SIG FED Coverage: MAS KP-MID ATLANTIC

BestPractice Advisories

BLOOD PRESSURE ALERT
Blood pressure goal is less than or equal to 139/89.
This patient's blood pressure is ABOVE goal.
ACTION:
- If this is the first reading, click "Cancel" & repeat BP in 2-3 min making sure arm is bare, supported at heart level and feet are flat on the floor.
- If the BP has already been repeated, click "Accept" below to launch the SmartSet to document the visit.
☒ Open SmartSet: CA BP SPECIALTY ABOVE GOAL 139/89 MAS preview

A1C exceeds 9%, consider adjusting medications
Last HGA1C=11.1 % on 6/4/2014
Acknowledge reason:
☒ Tx change not indicated today
☒ Open SmartSet: Glucose Control Meds preview

DM Alert: LDL>99
The last LDL or LDL direct measurement is elevated.
Note - the alert will fire if the last LDL or the last LDL direct is elevated, even if a more recent value for the other test is normal.
ACTION:
- Please review the values below and consider adjusting meds if the most recent value is elevated.
- Click "Accept" below to launch the SmartSet.
Last LDL=96 MG/DL on 3/27/2013
Last LDLDIRECT=103 MG/DL on 3/11/2014
Last LDLHDL: Not on file
Last LDLCALC: Not on file
Acknowledge reason:
☒ No tx change indicated today
☒ Open SmartSet: Cholesterol Control Meds preview

Blood pressure exceeds 139/89. Patient has diabetes. Consider adjusting medications.
Acknowledge reason:
☒ No tx change indicated today
☒ Open SmartSet: BP Control Meds preview

Refresh Last refreshed on 6/5/2014 at 10:12 AM ☒ Accept

Allergies/Contraindications

Visit Navigator: OFFICE VISIT, Intro, Reason for Visit, Vitals, Rooming Tools, Supplemental Vital, Care Teams, BestPractice, Patient Level Data, Allergies, Review Home Meds, Problem List, History, Immunization, Charting, Visit Notes, SmartSets, Progress Notes, Visit Diagnoses, Meds & Orders, Pt. Instructions, Charge Entry, LOS & Follow-up, Print AVS, Close Encounter

More Activities

Results Charts My Open Encounters

10:13 AM

Diabetes Outreach

- Clinic Assistants
- Clinic nurses
- CDEs
- Health Coaches
- Primary care doctor
- Endocrinologists

Panel Management Tool

Care Management

Back | POINT

Home

Panel

Asthma

CVD

HF

Diabetes

HTN

CAD

CKD

Unscreened cancer

Personalized For MARY GERKEN Thursday, June 02, 2011

Panel Management

Location Directory

Live Help

Help

Print

Export

Provider Batch Export

Display By

Sorting Order

Ascending

Detailed View

Region : MA

PCP

Patient Count

Mammograms Overdue

Mammograms Coming Due

Pap Smears Overdue

Pap Smears Coming Due

Needing Colorectal screen

Needing Pneumovax

A1c >= 9.0

DM LDL >= 100 and no LLRx

CAD LDL >= 100 and no LLRx

HTN BP >= 140/90

Persistent asthmatic no IAI

beta-agonist overuser no IAI

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Panel Management Tool

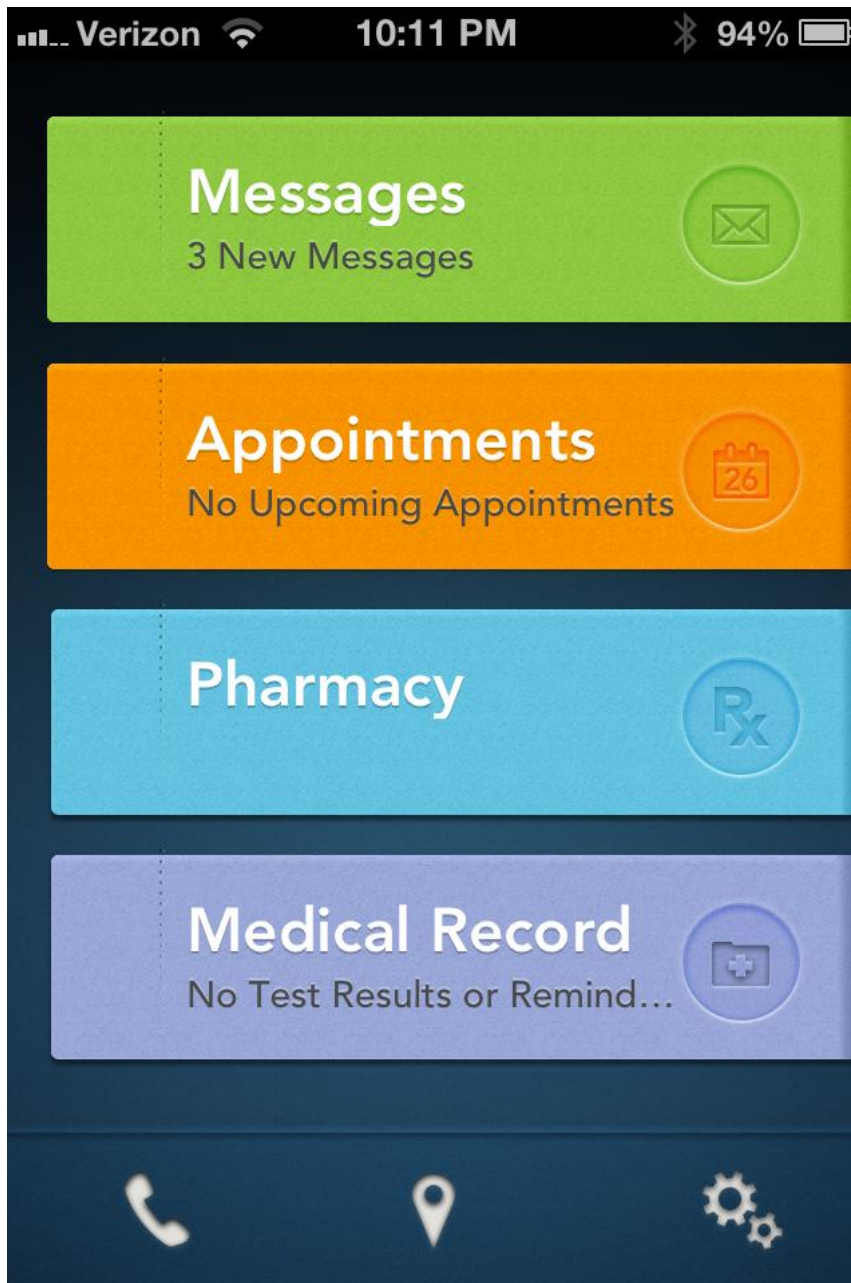
Panel management tool allows primary care providers and teams to identify their patients with chronic conditions and needed care.

<input type="checkbox"/> All	Action	MRN	Patient Name	Age	Gender	Race	Gap Score	CDCF	Medicaid	Medicare Flag	HTN	Breast Cancer Screening Coming Due	Breast Cancer Override Flag	Breast Cancer Override Date	Cervical Cancer Screening Overdue	Cervical Cancer Screening Coming Due	Cervical Cancer Override Flag	Cervical Cancer Override Date	Colorectal Screening Due	Colorectal Cancer Override Flag	Colorectal Cancer Override Date	Pneumovax Due	Diabetes	CAD	CVD	HF
<input type="checkbox"/>	<input checked="" type="checkbox"/>			87	F	W	3	Y		Y	CTL											Y	MOD	MOD	HIGH	MOD
<input type="checkbox"/>	<input checked="" type="checkbox"/>			40	M	B	1	Y			STG2												ESRD	MOD	HIGH	ESRD
<input type="checkbox"/>	<input checked="" type="checkbox"/>			66	F	B	1	Y			CTL												MOD	MOD	HIGH	MOD
<input type="checkbox"/>	<input checked="" type="checkbox"/>			73	M	B	3	Y		Y												Y	MOD	MOD	MILD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			80	F	B	0	Y		Y	CTL													LOW	MILD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			89	F	W	0	Y		Y	CTL													LOW	MOD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			53	F	B	4	Y			STG1								Y			Y	MOD	LOW	HIGH	
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<input type="checkbox"/>	<input checked="" type="checkbox"/>			71	M	B	3	Y		Y												Y		LOW	MILD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			61	F	B	2	Y			CTL											Y		LOW	MILD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			43	F	B	1	Y			CTL												ESRD	LOW	HIGH	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			64	M	B	0	Y			CTL													LOW	MILD	

Press Release

- Kaiser Permanente Flagship App Surpasses 1 Million Downloads
 - Members stay close to doctors and other care providers through award-winning app
 - June 4, 2014
-
- TOPICS: [CONNECTIVITY](#), [PRODUCTS AND BENEFITS](#) | REGIONS: [NATIONAL](#) | KEYWORDS: [HEALTH IT](#), [KP HEALTHCONNECT](#), [MHEALTH](#), [MOBILE APP](#), [MY HEALTH MANAGER](#)





BG data via smart phones

Action items

- Leverage your EMR
- Utilize every staff member for Inreach and Outreach